

PROOF OF CLAIM TO BE FILED WITH RECEIVER – DO NOT FILE WITH COURT

<p align="center">UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA MIAMI DIVISION</p>	<h1 style="margin: 0;">PROOF OF CLAIM</h1>
<p>SECURITY AND EXCHANGE COMMISSION,</p> <p align="center">Plaintiff,</p> <p>vs.</p> <p>ESTATE OF KENNETH WAYNE McLEOD, F&S ASSET MANAGEMENT GROUP, INC. and FEDERAL EMPLOYEES BENEFITS GROUP, INC.,</p> <p>Defendants.</p> <p>_____ /</p>	<p>CASE NO.: 10-22078-Civ-Moreno</p>
<p>DEADLINE FOR FILING OF CLAIM: This Proof of Claim must be received by the Receiver's office no later than October 31, 2011. Failure to timely file a claim shall result in a waiver of any rights to participate in any distribution of funds through this Receivership.</p>	
<p>I. CLAIMANT CONTACT INFORMATION:</p> <p>Name of Claimant(s): _____</p> <p>Name of Person submitting form on behalf of Claimant, if different: _____</p> <p>**Please attach Power of Attorney or Letters of Administration</p> <p>Physical Address Where Notices and Checks Should be Sent: (Do NOT use P.O. Box unless Military)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Telephone No.: _____</p> <p>Email Address: _____</p> <p>SS# or Tax Payer ID: _____</p> <p>Date of Birth: _____</p> <p>Check one: How are you affiliated with the Receivership Entities: I am an <input type="checkbox"/> Investor <input type="checkbox"/> Business Creditor <input type="checkbox"/> Other</p>	<p>CLAIM STATUS:</p> <p><input type="checkbox"/> Check box if you have never received any notices from the Receiver</p> <p><input type="checkbox"/> Check box if your address differs from the address on the envelope sent to you by the Receiver</p> <p>Check here if this Claim Form:</p> <p><input type="checkbox"/> amends</p> <p><input type="checkbox"/> replaces</p> <p><input type="checkbox"/> supplements</p> <p>a previously filed Claim Form in the Probate Proceedings. If so, please provide the date when you filed your initial claim _____</p> <p><input type="checkbox"/> Check box if you are aware that anyone else has filed a Proof of Claim relating to your claim. (Attach statement explaining same).</p>
<p>SEND CLAIM FORM TO: Michael I. Goldberg, Receiver c/o Federal Employee Benefits Group, Inc. Akerman Senterfitt 350 E. Las Olas Blvd., Suite 1600 Ft. Lauderdale, Florida 33301-2229</p> <p>For Questions Call: (800) 223-2234</p>	<p>THIS SPACE IS FOR RECEIVER'S USE ONLY:</p> <p>Claim No.: _____</p>

IV. BUSINESS & OTHER CLAIMS (Complete this section ONLY if you are a Business Creditor or have Other Claims against the Receivership Entities)

1. Basis of Claim: (Check One)

- Goods Sold
- Services Performed
- Money Loaned
- Taxes
- Wages, salaries or compensation
- Other (Please provide a detailed explanation. Attach additional sheet if necessary):

2. Entity with whom claim was incurred: _____

3. Date(s) serviced performed or when claim was incurred: _____

4. Is a Legal Action Pending? Yes No **If so, please indicate the following:**

Case Name: _____ **Case No.:** _____

Jurisdiction Pending: _____

Date Case Commenced: _____ **If Court Judgment, Date Obtained:** _____

5. Total Amount of Claim \$ _____

- Check this box if you contend your claim is subject to a security interest. If so, you must attach copies of all security agreements and other documents to evidence the secured status.
- Check this box if your claim includes interest, or other charges, such as attorney's fees, lost profits, or late fees in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

V. GENERAL

In addition to the payments listed in Section III, have you ever received anything else of value either directly or indirectly from Kenneth Wayne McLeod, Federal Employees Benefits Group, or F&S Asset Management Group, Inc. (for example personal property, shares of stock, interest in business ventures) Yes No

If yes, please explain below the circumstances and reasons for the transfers, and identify what was received, when it was received, and where it came from (Attach additional sheet if necessary).

VI. CERTIFICATION OF TRUTHFULNESS

I, the undersigned, hereby certify, under penalty of perjury, that all of the information provided in this Proof of Claim, including all attachments, is true and correct and that the undersigned is authorized to make this claim. I further certify that I have a duty to supplement or amend my Proof of Claim to disclose a material change with respect to any answer or information provided herein.

Signed, under penalty of perjury this _____ day of _____, 2011

Signature: _____

Print Name: _____

Title, if any: _____

To receive an acknowledgement of the filing of your claim, we strongly encourage you to send your Proof of Claim via certified and/or registered mail, return receipt requested, OR include a self-addressed postage prepaid envelope with your Proof of Claim when submitting it to the Receiver. Claim Forms that have been modified or redacted in any way may be rejected.

****IMPORTANT NOTICE****

**YOUR PROOF OF CLAIM MUST BE RECEIVED BY THE RECEIVER'S OFFICE
NO LATER THAN OCTOBER 31, 2011 TO BE CONSIDERED
A TIMELY FILED CLAIM**

**MAIL THE COMPLETED AND SIGNED FORM AND ALL OF
YOUR DOCUMENTATION TO:**

**Michael I. Goldberg, Receiver
c/o Federal Employees Benefits Group, Inc.
Akerman Senterfitt
350 East Las Olas Blvd., Suite 1600
Ft. Lauderdale, Florida 33301-2229**

**For Questions Concerning Filing of Your Proof of Claim
Call the Receiver's Office at (800) 223-2234**

**For additional information concerning this receivership, please visit the
Receiver's website at: www.febginfo.com**